

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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09/868305

# Index of Claims



Application No.

09/868,305

Examiner

Thomas McKenzie, Ph.D.

Applicant(s)

ALBERS ET AL.

Art Unit

1624

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| ✓ | Rejected |
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| — | (Through numeral)<br>Cancelled |
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| N | Non-Elected  |
| I | Interference |

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| A | Appeal   |
| O | Objected |

| Claim |          | Date   |  |  |  |  |  |  |  |  |  |  |  |
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|       | 25       | ✓      |  |  |  |  |  |  |  |  |  |  |  |
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|       | 38       | ✓      |  |  |  |  |  |  |  |  |  |  |  |
|       | 39       | ✓      |  |  |  |  |  |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
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| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
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